BOROUGH OF ALDERSHOT

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1934

HEALTH, MATERNITY & CHILD WELFARE COMMITTEES 1934.

His Worship the MAYOR (Councillor W. M. R. DAVIS, J.P., M.B.E.)

CHAIRMEN :

Councillor CHAS. J. PORTER (Health).
Councillor MRS. M. JESSIE KEMP (Maternity and Child Welfare).

ALDERMEN—

J. R. ATTFIELD — S. FRIEND
C. A. L. CALVERT — E. A. UNDERWOOD, J.P., C.C.
Major-General J. A. HARTIGAN, C.M.G., D.S.O., K.H.P.

COUNCILLORS—

MRS. N. P. BENNETT-SNELL
H. BAKER — MRS. E. C. GARRATT — C. J. PORTER
MRS. M. JESSIE KEMP — H. W. SARGENT — A. J. SIMS
MRS. A. WILLIAMS — J. W. WHITE

Co-opted Members :

MRS. E. E. BENNETT — MRS. F. L. RICHARDS
MRS. E. STACEY — MISS E. P. HUGHES

OFFICERS OF THE MEDICAL OFFICER OF HEALTH'S DEPARTMENT.

Medical Officer of Health :
School Medical Officer :
J. CRAIG LINDSAY, M.B., Ch.B., D.P.H.

Chief Sanitary Inspector :
Meat and Food Inspector and Hackney Carriage Inspector :
F. WHITEHEAD, Cert. R.S.I., R.S.I. Meat & Food Certificate.

Health Visitor :
Infant Life Protection Visitor :
MISS C. ARTHUR, C.M.B., H.V.

Medical Superintendent, Isolation Hospital :
J. CRAIG LINDSAY, M.B., Ch.B., D.P.H.

Matron, Isolation Hospital :
MISS G. M. PALMER, S.R.N.

School Nurse :
MISS E. T. HOUGHTON, G. Cert., S.R.N., C.M.B.

Dental Nurse :
MISS G. CRADDOCK

Clinic Clerk :
MISS W. SMITH

Clerical Assistants :
MISS K. HAND — H. M. COLES — S. J. COLLETT

THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF ALDERSHOT.

MR. MAYOR, LADIES AND GENTLEMEN,

I beg to submit my Annual Report on the health and sanitary conditions of the Borough for the year 1934.

The Report is drawn up in accordance with the requirements of the Minister of Health, and is based, so far as its general lay-out is concerned, on a draft scheme issued by them.

I wish to express my warm appreciation of the co-operation and support of the members of the Health and Maternity and Child Welfare Committees, as well as to those of my staff for their excellent work during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

J. CRAIG LINDSAY,

Medical Officer of Health.

ANNUAL REPORT

for the year ending 31st December, 1934.

Statistics.

The following extracts from the figures of the Registrar General are given. Those referring to the military population of that part of the Aldershot Command which comes within the Aldershot Borough Boundary, are given by the courtesy of the Deputy Director Medical Services (Aldershot Command).

ESTIMATED POPULATION FOR MID-YEAR, 1934 ..		35,400
Military Population—		
Officers	690	
Other Ranks	11,230	
Women	1,330	
Children	1,993	
TOTAL ..	15,243	
No. of Inhabited Houses (1934)		5,203
No. of Families or separate Occupiers (1934) ..		5,593
Rateable Value (October, 1934)		£240,569
Sum represented by a penny rate (October, 1934)		£965
Acreage—		
Civil 1,432 ; South Camp 2,746, Total ..	4,178	
Persons per acre	8.2	
Rooms occupied	23,363	
Persons per room	0.89	

Extracts from vital statistics of the year, which are given in the following form, relate to the net births and deaths after correction for inward and outward transfers as furnished by the Registrar-General.

Live Births—

	Total.	*Male.*	*Female.*
Legitimate ..	603	308	295
Illegitimate ..	23	16	7

Birth Rate per 1,000 of the estimated resident population 18.3.

	Total.	*Male.*	*Female.*
Still-births ..	17	14	3

Rate per 1,000 total (live and still) births .. 27.1

	Total.	*Male.*	*Female.*
Deaths ..	269	149	120

Death Rate per 1,000 of the estimated resident population 7.8.

Deaths from puerperal causes—

	Deaths.	*Rate per 1,000 total (live and still) births.*
No. 29. Puerperal Sepsis ..	2	3.17
No. 30. Other Puerperal Causes	1	1.58
Total ..	3	4.75

Death Rate of Infants under 1 year of age—

All infants per 1,000 live births	38.1
Legitimate infants per 1,000 legitimate births ..	34.8
Illegitimate infants per 1,000 illegitimate live births	13.0
Deaths from Measles (all ages)	2
Deaths from Whooping Cough (all ages)	2
Deaths from Diarrhœa (under 2 years of age) ..	2

Nutrition and Unemployment.

The nutritional state of the working classes in this Area was a subject which received constant attention throughout the year. The importance of the effect of unemployment on the state of nutrition is a vital question to-day, and I think it can be safely said that no evidence of mal-nutrition from an economic standpoint was found during the year.

In order to grasp the effect of unemployment on nutrition one must first note the extent of unemployment in any given area, and I am indebted for the following particulars to the

Manager of the local Employment Exchange. It will be seen, so far as this Area is concerned, that the position is more satisfactory than that in the more industrial areas.

The peak periods of unemployment for men appear to be in the winter months, due largely to the heavy discharges of labour from the building trades. From the accompanying statistics it will be noted that the figure for women is highest in the summer months, but this, however, does not take into consideration the fact that a large number of women—not in receipt of unemployment insurance benefit and wishing to supplement their income —register specially for the Tattoo and the Horse Show weeks. These, however, remain on the register until about August or September, and gradually drift off until the corresponding period of the following year.

It would appear, therefore, that by reducing the numbers shown for women for the period May to September by about 100 in each case one would obtain a more correct estimate of the number of unemployed at that time. In this instance it is interesting to note that approximately 700 unemployed men and women were given employment during Tattoo Week, while 350 were found employment for the Horse Show.

In considering the following figures one should take into account that they are given from the Aldershot Exchange Area, which includes Aldershot, Farnborough, Farnham and Ash Districts. It is not possible, therefore, to segregate the numbers from Aldershot, but an approximate estimate could be obtained by taking the total at 40% men and 65% women of the total amount. These numbers do not include the Aldershot Juveniles.

Live Register showing the number of Unemployed at Each Month End, 1934 (which includes Aldershot, Ash, Farnborough and Farnham).		Estimated figures showing the number of Unemployed at Each Month End, 1934, for Aldershot only.	
	Men	*Women*	*Men*	*Women*
January ..	1,326	198	530	129
February	1,355	181	542	118
March ..	1,120	190	448	124
April ..	1,073	223	431	145
May ..	1,111	280	444	182
June ..	1,105	299	442	194
July ..	1,123	273	449	172
August ..	1,013	298	405	194
September	1,197	276	475	173
October ..	1,336	264	534	172
November	1,354	244	541	159
December	1,278	190	511	124

Vital Statistics.

TABLE NO. 1.

	Aldershot.	England & Wales.
Birth Rate ..	19.3	14.8
Death Rate ..	7.8	11.8
Infant Mortality ..	38.1	59.0
Maternal Mortality per 1,000 Total Births	4.7	4.6

From Table No. 1 it can be seen that the various rates for the Borough of Aldershot reflect similar fluctuations to that seen in the statistics for England and Wales as a whole. It will be noticed that the Birth Rate remains high compared with that of the country as a whole. The Death Rate shows some decrease from that of 1933, while the Infant Mortality Rate shows a sharp fall to a more or less normal level for this area at 38.3 per 1,000 live births.

The Maternal Mortality Rate is given as 4.75 for this Borough, which would appear to show some increase from 1933, but conclusions drawn from such small statistical returns are so erroneous that they are omitted. During 1933, the number of deaths due to or associated with pregnancy was, in fact, three :

One from puerperal septicæmia following childbirth ;

One of general septicæmia following abortion, and

One from placenta prævia.

TABLE NO. 2.

Respiratory deaths decreased from 71 in 1933, to 60 in 1934.

Table showing this decrease in percentage of Total Deaths :—

Causal Disease.	1933. Percentage of Total Deaths.	1934. Percentage of Total Deaths.
Influenza	5.15	1.86
Pulmonary Tuberculosis ..	6.43	6.69
Bronchitis	3.40	1.86
Pneumonia and other Respiratory Diseases	7.72	11.9

From Table No. 2 we can note a decrease in the deaths due to influenza during 1934, and a decrease in those due to bronchitis.

Deaths from pulmonary tuberculosis remain more or less stationary, while those due to pneumonia or other respiratory diseases show a sharp increase.

Infant Mortality.

TABLE NO. 3.

Analysis of Causes of Death in Infants under one year of age.

			1933	1934
Pre-natal	Prematurity		6	6
	Malformation	Spina Bifida	3	2
		Congenital Malformation of heart ..	1	3
	Inanition		11	0
		Total ..	21	11
Neo-natal	Asphyxia		1	1
	Difficult Labour		2	0
		Total ..	3	1
Post-natal	Broncho-Pneumonia and other chest diseases		7	8
	Gastro-enteritis		2	0
	Tuberculosis (Generalized)		1	1
	Icterus with Hæmorrhage from bowel ..		1	0
	Streptococcal Septicæmia		1	0
		Total ..	12	9

The figures in this Table again bear out what was said in my report for 1933, and a comparison between the various causes of death in children under one year of age shows similar proportions between the various factors to that shown last year.

Pre-natal factors are again the greatest cause of death, followed by post-natal; while neo-natal conditions caused the least.

It would again appear to be a reasonable assumption that our ante-natal supervision does not concentrate its full benefits on the fœtus in utero, and that further preventative measures should be devised towards reducing the pre-natal causes of prematurity, inanition, and similar conditions.

General Provision of Health Services for the Area.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE LOCAL AUTHORITY OR OTHERWISE.

Tuberculosis	..	Provided by Hants County Council.
Maternity	..	Maternity Unit, Aldershot Hospital (11 beds).
,,	..	Military Lying-in Hospital, Farnham and Winchfield Infirmaries.
Children	..	Aldershot Hospital (10 beds).
Infectious Fever	..	Civil and Military Isolation Hospitals.
Smallpox	..	Provided by the Hants County Council.
Other ..	..	Aldershot Hospital (50 beds. 2 private wards). Cambridge Hospital (Military). Winchfield Infirmary.

LABORATORY FACILITIES.

Pathological and Bacteriological Examinations are carried out at the County Laboratory, The Castle, Winchester. Owing to the distance, however (some 30 miles away), urgent examinations may be delayed. For this reason the Borough Council have installed and equipped a small laboratory in my Department, which is utilized for the more urgent or emergency examinations, with special reference to throat swabs in cases of diphtheria.

The work is carried out by the Medical Officer of Health, and the amount done is governed very largely by the amount of time which his many other duties leave him, and for this reason alone it is impossible to carry out anything more than the ordinary routine examinations.

AMBULANCE FACILITIES.

For Infectious Disease	Motor Ambulance, by arrangement with the Farnborough District Council.
For Accident and Sickness, Etc. ..	Motor Ambulance supplied by the Aldershot Fire Brigade & Ambulance Service.

CLINIC AND TREATMENT CENTRES.

Child Welfare	Manor Park	Ample	Borough Council.
School Clinic	10 Grosvenor Road	,,	Education Committee.
Tuberculosis	Manor Park	,,	County Council.
Venereal Diseases	Manor Park	,,	County Council.
Maternity Dental	10 Grosvenor Road	,,	Borough Council.
Ante-natal	Manor Park	,,	Borough Council.

NURSING IN THE HOME.

This work is carried out by the Aldershot Voluntary Nursing Association, but in exceptional cases of children under five years of age, visits are also paid by the Health Visitor.

MATERNITY & CHILD WELFARE SERVICES.

Ante-natal Clinic—Statistics.

No. of mothers who attended Clinic ..	320 (52 Military).
Total No. of Attendances ..	759
Average Attendance per Session ..	15
No. of cases attended by Midwives during the year :—	
As Midwives	313
As Maternity Nurses	65
Total No. of Births	626

Midwives practising in Aldershot during 1934 :—

In Hospital.

E. Arnott.	Louise Margaret Hospital, Aldershot.
E. M. Barker.	Louise Margaret Hospital, Aldershot.
G. M. Clarke.	Louise Margaret Hospital, Aldershot.
A. Dexter.	Louise Margaret Hospital, Aldershot.
D. M. Dixon.	Maternity Unit, Aldershot.
J. A. Docherty.	Maternity Unit, Aldershot.
E. Edwards.	Louise Margaret Hospital, Aldershot.
B. M. FitzPatrick.	Louise Margaret Hospital, Aldershot.
K. M. Hawkins.	Louise Margaret Hospital, Aldershot.
C. H. Jones.	Maternity Unit, Aldershot.
E. Kelly.	Maternity Unit, Aldershot.
F. E. Kelsey.	Louise Margaret Hospital, Aldershot.
D. Kerridge.	Louise Margaret Hospital, Aldershot.
D. Lewis.	Louise Margaret Hospital, Aldershot.
F. E. Tidswell.	Maternity Unit, Aldershot.
E. Wright.	Louise Margaret Hospital, Aldershot.

In General Practice.

H. Booth.	18 Church Hill, Aldershot.
P. V. Hignell.	31 Queen's Road, Aldershot.
E. P. Hughes.	" Hutan," Northbrook Road, Aldershot.
K. Jinks.	68 Victoria Road, Aldershot.
A. McCormick.	" Iona," Cargate Avenue, Aldershot.
M. O'Callaghan.	46 Victoria Road, Aldershot.
S. D. Rogers.	69 North Lane, Aldershot.
L. G. A. Roycroft.	118 Boxall's Lane, Aldershot.
E. J. Tant.	" Hutan," Northbrook Road, Aldershot.

The Ante-natal Clinic, owing to the increased number of mothers attending, has been transferred from the ground floor premises of the School Clinic Buildings to the ground floor of Manor Park House, where, after some alteration, excellent premises are now available for this purpose. The new premises provide large and airy waiting-rooms and consulting-room, while the installation of an electric water-heating system provides an ample supply for doctor or nurse.

The general surroundings are ideal in that the Clinic is secluded, but at the same time, central.

The statistics show that the change has been for the better, an increased average attendance per session from 10 to 14, while the percentage of total notified births—represented by the total number of expectant mothers who attended the Clinic during the year—is 66.3%. This considerable increase in the number of mothers at the Clinic can be accounted for, not only by the increased knowledge of the necessity for ante-natal supervision amongst the mothers themselves, but by an increase in the number of post-natal visits made by the mothers some six weeks after their confinement. Another reason for the increased numbers attending the Clinic is that as soon as the Maternity Unit began to function on the 14th May, 1934, military cases, that is mothers whose maintenance in the Maternity Unit for their confinement is reserved and payment guaranteed by the Aldershot Command Charities Fund, now attend the Ante-natal Clinic at least once during their ante-natal period for the purpose of becoming familiar with the routine expected and the clothing, etc., to bring with them on admission.

It will be seen that the Ante-natal Clinic also serves for post-natal purposes in that no distinction is made between the two classes of case—post-natal mothers being welcomed at any of the sessions. As before, the provision of milk was kept in mind when dealing with any mothers in poor circumstances, and this contributed largely to their welfare during the confinement period.

Institutional Accommodation for Maternity Cases.

A considerable change took place during the year under review, under this heading. The Maternity Unit—an eleven-bed Maternity Ward built by the Local Authority in conjunction with the Aldershot Hospital—became ready for use on the 14th May. The building of this Maternity Unit had been in contemplation for some time previously, but for some reason or other the matter was held in abeyance owing to the difficulties of finance, administration, and co-ordination of the various authorities wishing to take part. The scheme, however, received impetus when the Borough Council agreed, in 1932, to accept full responsibility for the provision of maternity institutional accommodation under the Maternity and Child Welfare Act, 1918, from the Hampshire County Council. In making this choice there could be no doubt that the Aldershot Borough Council acted in a very progressive and wise manner, not only because of the usual platitude: "If you want to do anything well, do it yourself," but because they saw that they would be

able to provide the mothers in Aldershot with a service which is the equal of that provided by any other Local Authority to-day. Considerable time had to be spent in negotiations between the authorities co-operating in the scheme, that is the Aldershot Command Trust, the Hampshire County Council and the Aldershot Borough Council; and also between the Borough Council and the Hospital Authorities, on whom would fall the burden of management of the completed Unit. It is gratifying to know that, as a result of mutual agreement and understanding, a working arrangement has been produced which, taking everything into consideration, is more or less satisfactory to all contracting parties. There is no doubt that here and there adjustments will have to be made, but this, I am certain, will prove no barrier to the continuance of the good work.

The following statistics show the amount of work done during the short period in which the Maternity Unit has been open.

Patients.	*Days Maintenance.*	
70	867	from the Command Trust
17	303	from the County Council.
43	613	Borough Cases.
7	87	Outside the Borough Cases.
11	173	Private Ward Cases.
148	2,043	

In considering them it is important to remember that the class or type of case varies with the Authority sending it; those the Command Charities Fund contract to send, as far as possible, are only normal cases, Command abnormal cases attending the Ante-natal Clinic held in the Camp are dealt with in the Louise Margaret Hospital. Then again, the Hants County Council only send abnormal cases—in great part emergency—from the north-eastern part of the county. The cases from the Borough of Aldershot itself are mixed, that is to say, normal and abnormal in the usual way. In a similar manner patients living outside the Borough are admitted at a charge of 3½ guineas a week to the Main Ward as private patients when accommodation permits. Three private single wards are available at a charge of 5 guineas per week for mothers from any area; the only restrictions being that mothers using those private wards must be under the care of one or other of the Medical Officers on the Staff of the Unit and appointed by the Borough Council, and that the beds are not required by other cases.

TABLE NO. 4.

Origin		Normal	Abnormal	Result Child		Result Mother	
				Discharged	Died	Discharged	Died
Borough, including outside cases for main ward	50	37	13	40	10	49	1
County	17	—	17	13	4	16	1
Military	70	64	6	—	—	—	—
Private	11	6	5	10	1	11	—

The Unit itself consists of a two-storey building, the top floor consisting of one main ward of eight beds, and three single wards. There is also an examination room, as well as a " suspect block " with accommodation for one bed. On the lower floor there is a sitting-room for the Sister-in-charge, and sixteen bedrooms shared by the nurses of the Maternity Unit and some of the nurses in the Main Hospital.

The Unit is fully equipped and up-to-date in every way, heating, domestic and otherwise, by means of oil fuel system. The cost of the building was £7,806 2s. 4d., while the cost of the equipment was £1,436 17s. 6d.

With regard to the cost of maintenance, which is always a point of interest to a Local Authority, the period during which the Maternity Unit was open—that is from the 14th May until 31st December, 1934—has been divided up into three periods, and the costs were as follows :—

	£	s.	d.
14th May to 30th June, 1934	288	2	8
1st July to 30th September, 1934 ..	396	5	5
1st October to 31st December, 1934 ..	521	10	0

Taking the two quarters to 31st December, 1934, the cost over the six months is £3 10s. 11d. per week. It will be noted, however, that the period ended the 30th June must be considered abnormal, as during this period the Unit was freshly opened and it was some time before things were in working order and the supply of patients was available. In addition, there were a number of non-recurring charges in this period which affected the cost of maintenance. The cost per week of the various

periods gives a direct reflection of the maintenance charges in the Unit as follows :—

	Per Patient Day	
	Hospital.	*Unit.*
Period to 30th June, 1934	2.64 pence	4.60 pence
Quarter ended 30th September, 1934 ..	2.67 ,,	4.55 ,,
Quarter ended 31st December, 1934	3.46 ,,	5.66 ,,

Reviewing the whole position, one can see that the undertaking is well within the original estimates given by me to the Committee and accepted by the Council. This estimate stated that the cost to the Borough Council would be in the region of just under 1d. rate. For the period of working during 1934, the cost has been well within that estimate, and I think one can safely say that as time goes on this cost will show a gradual reduction which will prove that the undertaking is essentially sound, and one of which Aldershot will, for many years, be proud.

Institutional Accommodation for Infectious Puerperal Cases.

The presence of a Suspect Block attached to the Maternity Unit led many people to presume that this would be suitable accommodation for puerperal cases. Such a suspect block is quite unsuitable for the purpose such as I have mentioned. It is used entirely as a clearing house for cases occurring in the Unit of a suspicious or potentially septic nature. As soon as they become definitely septic or infectious, that is to say, as soon as the diagnosis becomes confirmed, they are transferred, in accordance with the procedure described in my last year's report, to Queen Charlotte's Isolation Hospital, Ravenscourt Square, Hammersmith. Cases of abortion were sent during the year to the main wards of the Aldershot Hospital, with whom an arrangement was made with the Borough Council. These cases, as they are of a potentially septic nature, are unsuitable for a Maternity Unit.

Infant Life Protection.

No alteration falls to be recorded under this heading, the work of inspection and follow-up visits continued throughout the year. Nine new applications for registration of foster-children were approved by the Committee during 1934, an increase of four from that of the previous year. At the end of 1934, there were 13 foster-mothers registered—a similar number to that of 1933.

Orthopædic Treatment.

No alteration took place in the orthopædic treatment for children under 5 during 1934. These children had exactly similar facilities as those available for school-children which I described in my School Annual Report for 1934.

Health Visiting—Statistics.

Notification of Births Act, 1907 :	
Births notified by Doctors and Parents (includes Military)	169
Births notified by Midwives ..	313
Home Visits to Expectant Mothers :	
First Visits	75
Total Visits	119
Home Visits to Children under 1 year of age :	
First Visits	268
Total Visits	1,178
Home Visits to Children between 1 and 5 years :	
Total Visits	896
Number of Welfare Centres	1
Number of Sessions weekly ..	2

Child Welfare Clinic—Statistics.

Total number of attendances at Centre	
by children under 1 year of age ..	3,162
by children from 1 to 5 years of age ..	2,744
Average attendance of children per session ..	62
Total number of children who attended at the Centre for the first time during year :	
Under 1 year of age	190
Between 1 and 5 years ..	44
Percentage of notified children who attended Centre during the year	40.5

THE ALDERSHOT TOWN MATERNITY & CHILD WELFARE VOLUNTARY COMMITTEE.

President : Mrs. R. W. Edwards.

Chairman : Alderman Mrs. M. J. Kemp.

Hon. Sec. & Treasurer : Councillor Mrs. N. P. Bennett Snell.

Vice-Chairman : Councillor Mrs. E. C. Garratt.

Asst. Hon. Secretary : Mrs. E. E. Bennett.

Hon. Auditor : Mr. T. W. Lloyd, F.L.A.A.

The work of the Child Welfare Clinic, under the capable management of the Aldershot Town Maternity & Child Welfare Voluntary Committee, continued its good work throughout the year.

No alteration in its working arrangements took place, and I am indebted to the Honorary Secretary and Treasurer (Councillor Mrs. N. P. Bennett-Snell) for the following observations on the administrative and social work of the Centre during the year :—

Our Jumble Table was again a great success and raised £21, which was put into our General Fund.

The S.O.S. Fund has used £7 12s. 5d., and has helped 18 mothers.

A Summer Tea was held in September in the Manor Park, with races, etc. for the mothers with prizes, and this was a great success.

Our Outing to Southsea was held in July. About 60 mothers and infants and 20 toddlers attended. 16 of these mothers and infants were sent free by the Committee.

Our Annual Sewing Competition was held in July, the Judges being Mrs. R. W. Edwards and Mrs. Jackson. The work was of a high standard, but there were less entries than usual.

We did not hold any Competitions, but our series of Lectures throughout the winter were well attended, and two film lectures.

Our "Home-Helps" did 25 weeks' work, with 12 mothers during the year.

SECTION C—SANITARY CIRCUMSTANCES OF THE AREA.

Water.—The water supply of this area is under the control of the Mid Southern District Utility Company, Town Offices, Victoria Road, Aldershot. The supply is an underground water, obtained from wells or borings situated to the south-west of the Town. The surface of the land is about 248 feet above O.D. The borings have a depth of some 239-350 feet, and a diameter of between 5 inches to 14 inches. Water is raised by means of accommodating pumps from some 200 feet.

The supply can well be described as ample, and no shortage is anticipated, while an additional pumping station is in course of construction. Some idea of the quantity is given by the fact that changes in the pumping level, if the rate of pumping is altered, is in the region of an approximate 6 feet per 20,000 gallons per hour.

As regards yield, the number of gallons pumped per hour is up to approximately 69,000 gallons, with a normal maximum yield of 57,000 gallons. The normal total daily consumption about June is some 1,200,000 gallons, while the highest consumption during June is recorded as 1,439,000 gallons. The water is supplied to the Town and War Department Lands, and shows a high degree of purity, as may be expected in a deep well water, and about 22 degrees average total hardness.

Drainage and Sewerage.—In regard to Sewage Disposal, no further extensions have been proceeded with at the Sewage Works of any account.

With respect to Sewerage, several soil sewers have been relaid in the Borough, and considerable re-drainage of premises has been carried out.

Pollution of Rivers and Streams.—This question only arises with regard to the Blackwater River, which forms the eastern boundary to the Borough. The question of pollution receives careful attention, as the effluent from the Sewage Disposal Works is discharged into this river. The Thames Conservancy Board review the situation at frequent intervals, and I think it can be safely said that no serious pollution of the Blackwater River took place during the year under review.

Closet Accommodation.—The almost exclusive use of the water carriage system throughout the Borough is a very satisfactory feature of this area. There are no existing closets on the conservancy system in the area except 13 houses in the extreme outskirts of the Borough.

Public Cleansing.—Refuse collection is carried out partly by mechanical refuse collectors and horse-drawn vehicles. Two mechanical refuse collectors are in use, the second being probably one of the best machines for its purpose—a Dennis chassis fitted with one of the latest Transport Engineering bodies. This machine allows refuse to be loaded at the back of the van, and gradually moves forward on a moveable floor, thus preventing dust and paper from flying about as far as it is practicable to do so. The whole of the refuse is taken to the destructor and 75% of it destroyed in the furnaces. The remaining 25% is, to a very great extent, light trade refuse. As the destructor is not of sufficient capacity to deal with it, this is taken down to the Sewage Farm and burned in a heap.

The refuse in the greater part of the town is collected twice weekly. With regard to scavenging, the whole of the streets in the Borough are regularly swept by nineteen sweepers, who have definite jobs, and it can be said that the streets are as clean as in many towns. The sweepings are placed in the sweepers' barrows and disposed of in various ways. In the centre of the town they are either taken into the depôt or the Redan Hill Depôt, and in due course collected up and taken down to the allotments, market gardens or tip. With regard to the sweepings from the more rural roads, these are regularly applied for by private interests who have gardens, and it is disposed of in that way.

(iii) Sanitary Inspection of the Area.

Tabulated List of Inspections.

Month	S.H.	Meat Shops	Cow Sheds	Dairies	Milk Shops	Infectious Disease	Factories and Works	Bake-houses	Offensive Trades	Over-crowding	Spec. Comp'ts. Invest'd.	Verm. Conds.	Housing Acts	Works in Prog.
January ..	16	39	—	3	—	4	7	4	—	8	19	—	45	38
February ..	14	51	10	10	—	8	13	3	—	2	11	—	12	71
March	18	36	8	8	—	20	11	3	—	5	16	—	12	16
April	12	36	—	5	—	17	8	3	—	3	22	11	—	36
May	14	32	4	4	—	12	—	—	—	6	19	10	—	28
June	11	22	—	4	—	16	7	3	—	2	17	31	52	32
July .. .. / August ..	23	56	3	3	—	29	8	5	8	3	39	36	64	47
September ..	6	18	—	2	—	7	—	—	—	6	15	10	—	8
October ..	16	21	—	4	—	21	—	—	—	3	24	14	39	25
November ..	12	20	—	4	—	24	7	3	—	2	16	51	—	18
December ..	13	19	—	3	—	7	—	4	—	3	23	32	—	12
TOTALS ..	155	350	25	50	—	165	61	28	8	43	221	195	224	331

(iii) Total Number of Inspections of Houses during 1934.

Date	Ordinary Inspections	Re-inspections
January ..	61	90
February ..	50	69
March ..	41	40
April ..	30	34
May ..	49	33
June ..	96	71
July and August	71	92
September ..	14	—
October ..	30	32
November ..	20	8
December ..	30	5
TOTALS ..	492	474

(iii) Tabular Statement of Defects or Nuisances Discovered.

	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	TOTAL
Defective drains	–	3	1	1	4	5	3	4	–	4	–	–	25
Choked drains	–	4	1	4	2	3	8	3	1	1	5	2	34
Broken W.C. pans	–	–	–	1	–	–	–	–	–	–	–	–	1
Foul and furred W.C. pans and syphons	–	–	–	–	–	–	–	–	–	–	–	–	—
Dilapidated W.C's.	1	–	3	1	2	1	5	1	–	2	–	2	18
Defective W.C. flushing pipes	–	–	–	2	–	–	–	–	–	1	1	1	5
Defective W.C. flushing cisterns	–	–	2	–	2	–	1	–	1	3	1	–	10
Defective and broken W.C. seating	1	–	1	–	–	1	3	–	–	–	–	1	7
Insufficient or unsuitable Sanitary Conveniences	–	–	–	–	–	–	–	–	–	2	–	–	2
Defective drain ventilation shafts	–	–	–	–	–	–	1	–	–	–	–	–	1
Insufficient, foul or defective urinals	1	–	–	–	–	–	–	–	–	–	–	–	1
Defective sink wastes	–	–	1	–	–	1	2	–	–	–	1	–	5
Choked sink wastes	–	–	–	–	–	–	–	–	–	–	–	–	—
Defective gullies	1	–	2	–	–	1	1	–	–	–	2	–	7
Insanitary scullery sinks	–	–	–	–	–	–	3	–	–	1	–	1	5
Unventilated bath and sink wastes	–	–	1	–	–	–	–	–	–	–	–	–	1
Defective and leaky roofs	4	–	2	2	–	–	1	5	1	6	3	5	29
Damp house walls	7	5	–	5	3	–	8	5	–	14	2	8	57
Dirty and insanitary walls and ceilings (rooms)	7	1	10	7	3	11	19	26	2	37	4	8	135
Defective house floors	10	–	2	5	–	–	6	2	–	11	–	1	37
Defective skirting boards	–	–	2	–	–	–	–	–	–	2	–	–	4
Defective scullery floors	1	–	–	2	1	–	1	–	–	1	–	–	6
Dampness of brick paved floors	–	–	–	2	–	–	–	–	–	1	–	–	3
Defective walls	2	–	–	1	1	1	–	4	–	–	1	1	11
Broken & perished wall or ceiling plaster	4	1	5	4	1	4	7	9	–	6	1	3	45
Defective doors	1	–	–	1	–	1	1	1	–	1	3	3	12
Defective reveals	–	–	2	–	–	–	–	1	–	–	–	1	4
Overcrowded houses	2	1	–	2	2	–	–	–	2	1	1	–	11
Verminous rooms	2	–	–	4	4	6	2	5	6	12	4	5	50
Filthy conditions	–	–	–	2	–	3	–	–	–	–	–	–	5
Defective stair steps	–	–	–	–	–	1	1	–	–	1	–	1	4
Filthy conditions, passages & back yards	1	12	1	–	–	–	–	–	–	–	–	–	14
Dilapidated cooking ranges	–	1	1	1	–	1	1	2	–	1	1	–	9
Defective firegrates	–	2	–	4	1	–	–	2	–	2	–	1	12
Defective hearths	1	1	–	1	–	–	–	–	–	1	–	–	4
Obstructions in chimneys	2	–	–	1	–	–	–	–	–	–	1	–	4
Dilapidated washing coppers	–	–	–	1	–	1	1	–	1	1	–	–	5
Defective and unopenable windows	3	–	–	4	1	1	–	–	–	–	5	4	18
Broken sash cords	4	3	2	1	–	3	2	1	–	8	1	–	25
No handrail to stairs	1	–	–	2	–	–	–	–	–	2	–	–	5
Defective and choked downpipes	–	–	–	1	–	–	–	–	–	1	–	1	3
Broken drain inspection covers	–	1	–	–	–	–	–	–	–	–	–	1	2
Defective and overflowing eaves	2	1	–	1	1	1	1	2	–	3	1	1	14
Defective & insufficient yard pavements	–	–	1	1	–	–	2	4	–	4	–	–	12
Improper water supply	–	–	–	1	1	–	1	–	–	2	–	–	5
Unsuitable house refuse receptacles	21	37	10	–	25	35	5	31	–	1	–	–	165
Animals kept so as to be a nuisance	–	1	3	1	–	–	–	2	2	2	–	1	12
Dirty conditions of fish-frying premises	–	–	–	–	–	–	–	–	–	–	–	–	—
Dirty slaughter-houses (walls)	–	–	–	–	–	–	–	–	–	–	–	–	—
Uncovered cesspools	–	–	–	1	–	–	–	–	–	–	–	–	1
Miscellaneous	1	–	1	–	2	2	2	5	–	–	–	2	15

(iv) **Smoke Abatement.**—This question does not arise in this Borough to any great extent, being a non-industrial town. One of the main features of the town can be said to be its freedom from atmospheric pollution, with the exception, of course, of that from domestic fires. One complaint was received during the year of the emission of smoke in such quantity as to be a nuisance from the chimney belonging to a factory laundry. Several smoke observations were taken, resulting ultimately in the abatement of the nuisance.

Schools.—However much criticism can be made of the fabric and structure of the School Buildings in the area, it can be said that the sanitary conditions and water supply are extremely satisfactory. All are connected to mains giving a plentiful supply of water for all purposes.

The prevention of the spread of infectious diseases in schools receives the most careful attention. Rigid examination of all contacts of infection from notifiable, as well as non-notifiable diseases, is adhered to, and in this way suspicious cases of infectious diseases are excluded from school, thus rendering still less necessary any action so far as closure of the whole school concerned. The system of notification of any infectious non-notifiable disease is in force on a voluntary basis, and I am indebted to the Head Teachers for much help in this way. The Table showing the result of this notification is included later in this Report.

SECTION D—Housing.

1. *Inspection of Dwelling-houses during the Year :—*

(1)	(*a*)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	492
	(*b*)	Number of inspections made for the purpose	966
(2)	(*a*)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	49
	(*b*)	Number of inspections made for the purpose	224
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	49
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	432

2. *Remedy of Defects during the Year without Service of formal Notices :—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	320

3. *Action under Statutory Powers during the Year :—*

(a).—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ..	—
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
	(*a*) By Owners	0
	(*b*) By local authority in default of owners	0

(b).—Proceedings under Public Health Acts :

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	432
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(*a*) By Owners	59
	(*b*) By local authority in default of owners	1

(c).—Proceedings under sections 19 and 21 of the Housing Act, 1930 :

(1)	Number of dwelling-houses in respect of which Demolition Orders were made ..	2
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	1

(d).—Proceedings under section 20 of the Housing Act, 1930 :

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0

SECTION E—Inspection and Supervision of Food.

(*a*) **Milk Supply.**—Report on Bacteriological Examination of Milk Samples carried out by the National Institute for Research in Dairying, Reading.

No. of Sample	Bacteria in I.C.C.	Bacillus Coli per C.C.		
		1/10	1/100	1/1,000
	Certified Milk			
57	560	—	—	—
70	2,720	—	—	—
76	4,200	—	—	—
83	4,200	—	—	—
91	11,000	—	—	—
98	24,800	—	—	—
108	24,000	—	—	—
115	280,000	—	—	—
120	6,000	—	—	—
131	240,000	—	—	—
	Ordinary Milk.			
52	108,000	+	+	+
53	251,000	+	+	—
54	98,000	+	+	—
55	117,000	+	+	—
56	63,000	—	—	—
58	900,000	—	—	—
59	71,000	+	—	—
60	77,000	+	—	—
61	63,000	—	—	—
62	48,000	+	—	—
63	75,000	+	+	+

No. of Sample	Bacteria in I.C.C.	Bacillus Coli per C.C.		
		1/10	1/100	1/1,000
	Ordinary Milk (*Contd.*).			
64	360,000	+	—	—
65	146,000	+	+	—
67	540,000	+	—	—
68	Uncountable	—	—	—
69	660,000	+	+	+
71	Uncountable	+	+	+
72	190,000	—	—	—
73	103,000	+	+	—
74	1,500,000	+	+	+
75	436,000	+	—	—
77	690,000	+	+	+
78	1,600,000	+	+	+
79	56,000	+	+	—
80	334,000	+	—	—
82	220,000	+	—	—
84	66,000	—	—	—
85	197,000	+	+	+
86	560,000	+	+	—
87	242,000	—	—	—
88	Uncountable	+	+	+
89	150,000	—	—	—
90	800,000	+	+	—
92	218,000	+	—	—
92A	23,000	—	—	—
93	500,000	+	+	+

No. of Sample	Bacteria in I.C.C.	Bacillus Coli per C.C.		
		1/10	1/100	1/1,000
	Ordinary Milk	(*Contd.*).		
94	378,000	+	+	+
95	380,000	+	+	+
96	53,000	+	+	—
97	140,000	+	+	+
99	528,000	+	+	—
100	194,000	+	—	—
101	2,240,000	+	+	+
102	560,000	+	+	+
103	320,000	+	+	—
104	500,000	+	—	—
105	568,000	+	+	+
106	175,000	+	+	+
107	86,000	+	+	+
109	214,000	+	—	—
110	170,000	+	—	—
111	330,000	+	+	—
112	460,000	+	+	+
113	776,000	+	+	—
114	800,000	+	+	—
116	208,000	—	—	—
117	900,000	+	+	+
118	328,000	+	+	+
119	16,600	+	—	—
121	Millions	+	+	+
122	213,000	—	—	—

No. of Sample	Bacteria in I.C.C.	Bacillus Coli per C.C.		
		1/10	1/100	1/1,000
	Ordinary Milk	(*Contd.*)		
123	78,000	+	+	—
124	73,000	—	—	—
125	600,000	+	+	—
126	540,000	+	+	—
127	340,000	+	+	—
128	1,400,000	+	+	+
129	1,200	—	—	—
130	83,000	+	—	—

Milk Supply.

Milk and Dairies Acts and Orders, Etc.

Registered cowkeepers	3
Registered purveyors for the sale of certified milk ..	2
Ordinary Milk	41

Meat and Other Foods.

There are only 2 slaughter-houses in the Borough (1 licensed and 1 registered) which are regularly visited in the evenings when slaughtering is in progress. There are no butchers' stalls or vehicles.

The following were voluntarily surrendered and destroyed after inspection during the year :—

Subject	Cause for destruction	Wt. lbs.
Hind quarter defrosted beef	" Calloused "	158
Conger Eel	Unsound	15
Pig carcase, complete ..	Tuberculosis	108
Pig's head and viscera ..	Tuberculosis	25
Buttock defrosted beef ..	Tuberculosis	49
Pig's head	Tuberculosis	10
Ox liver	Distomatosis	11¼
Ox liver	Abscesses	11½
Ox liver, lungs and spleen ..	Tuberculosis	24
32 sacks potatoes ..	Unsound	3,248
3 pig's plucks	Putrefaction	19
Pig's head and viscera ..	Tuberculosis	25
4 pigs' plucks	Putrefaction	19½
12 pigs' heads defrosted ..	Putrefaction	95
Calf liver	Abscess	6
28 crabs	Putrefaction	—
Defrosted beef	Putrefaction	18
8 beef kidneys	Cystic and putrefaction ..	—
Defrosted beef	Putrefaction	25
Cow carcase, complete ..	Emaciation with Tuberculosis	393
8 pigs' plucks and kaul fat ..	Putrefaction	53
Defrosted lamb	Putrefaction	54

Subject	Cause for Destruction	Wt. lbs.
Defrosted ox kidneys ..	Putrefaction	49
Pig carcase, complete ..	Multiple hemorrhages ..	160
Pig carcase, complete ..	Generalized Tuberculosis ..	80
Pig's head and viscera ..	Tuberculosis	28
Fresh herrings	Putrefaction	28
3 pig carcases, complete ..	Generalized Tuberculosis ..	240
Pig's head and offal ..	Tuberculosis	27
Kaul fat	Putrefaction	13½
Pig carcases, complete ..	Dropsy	80
Pig's head and viscera ..	Tuberculosis	24
2 pigs' carcases, complete ..	Generalized Tuberculosis ..	160
Hind quarter of Pork ..	Tuberculosis	50
63 rabbits	Putrefaction	158
Pig's head and viscera ..	Tuberculosis	25
Pig's head and viscera ..	Tuberculosis	40
Defrosted beef	Putrefaction	77

Annual Report of the Medical Officer of Health for the Year 1934, for the Borough of Aldershot

on the administration of the Factory and Workshop Act, 1901, in connection with FACTORIES, WORKSHOPS AND WORKPLACES

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories .. .. .. (Including Factory Laundries)	3	1	—
Workshops .. .. .. (Including Workshop Laundries)	58	6	—
Workplaces .. .. .. (Other than Outworkers' premises)	—	—	—
Total ..	**61**	**7**	—

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars (1)	No. of Defects			Number of offences in respect to which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
*Nuisances under the Public Health Acts :—**				
Want of cleanliness	3	3	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ..	2	2	—	—
Other nuisances	—	—	—	—
Sanitary accommodation :—				
Insufficient	1	1	—	—
Unsuitable or defective ..	—	—	—	—
Not separate for sexes ..	1	1	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s. 101) ..	—	—	—	—
Other offences .. .. (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	—	—	—	—
Total ..	**7**	**7**	—	—

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

J. CRAIG LINDSAY, Medical Officer of Health.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

TABLE No. 5.

NOTIFIABLE DISEASES (other than Tuberculosis) during the year 1934.

Disease.	Total Cases notified	Cases admitted to Civil Isolation Hospital.	Total Deaths
Smallpox	—	—	—
Scarlet Fever	142	92	—
Diphtheria	42	10	4
Enteric Fever (including Paratyphoid)	2	2	—
Puerperal Fever	2	2	2
Puerperal Pyrexia	3	3	—
Pneumonia	25	—	26
Erysipelas	7	—	—
Ophthalmia Neonatorum ..	5	3	—
Anterior Poliomyelitis	18	1	—

Note.—Column B deals with the work of the Civil Isolation Hospital as distinct from the Military Isolation Hospital, where the majority of the balance between Columns 1 and 2 are dealt with.

Non-Notifiable Infectious Diseases.

TABLE No. 6.

Disease 1934	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Measles ..	—	9	11	9	—	24	18	—	—	—	—	—
Whooping Cough	1	2	1	1	6	2	—	—	—	—	—	—
Scarlet Fever ..	1	—	2	3	2	—	—	—	2	—	—	2
Chicken Pox ..	4	4	13	8	5	3	—	—	—	3	—	—
Mumps ..	8	3	11	36	34	14	—	6	2	—	—	—
Diphtheria ..	—	—	—	—	—	1	—	—	—	1	—	—
Typhoid ..	—	—	—	—	—	—	—	—	—	—	—	—

Note.—This table is the result of a system of notification whereby the Head Teachers inform me, as the School Medical Officer, of all the absentees due to infectious disease. I have acknowledged in my School Medical Report my thanks to the Head Teachers for this useful means of indicating the severity of Non-Notifiable Infectious Diseases throughout the Borough.

Notifiable Diseases (other than Tuberculosis) during 1934.

TABLE No. 7.

Showing Age Distribution.

	Scarlet Fever		Diphtheria		A.P.M.	
	M.	F.	M.	F.	M.	F.
Under 1 year ..	—	—	—	—	—	—
1 „ ..	—	1	1	—	1	1
2 years ..	3	6	1	—	1	1
3 „ ..	4	4	1	—	4	—
4 „ ..	6	5	—	—	3	—
5 „ ..	29	35	15	15	4	2
10 „ ..	11	19	2	5	1	—
15 „ ..	2	2	—	1	—	—
20 „ ..	1	14	—	1	—	—
35 „ ..	—	—	—	—	—	—
45 „ ..	—	—	—	—	—	—
65 and over	—	—	—	—	—	—

The prevalence of Scarlet Fever during the year showed a sharp increase from 42 cases in 1933 to 142 cases in 1934. Similarly diphtheria showed a considerable increase to 42 cases during the year, while generally speaking other rates showed some greater or less degree of increase. The interesting feature of the returns during the year was the increased incidence of *Anterior Poliomyelitis,* chiefly affecting the children in the Camp; while the usual small number of Cerebro-Spinal Fever did not materialize. It is important to remember in looking at the Table giving the Notifiable Infectious Diseases (Table No. 5) that the numbers include Camp as well as Town.

Scarlet Fever.—With regard to the increased incidence of Scarlet Fever and sore throat during the months of October and November, the following extract is taken from my School Report for this year. It describes, amongst other things, a definite case of relationship between Scarlet Fever and Puerperal Fever, as well as emphasizing the difficulties of diagnosis of Scarlet Fever, especially in the milder forms. During the months of October and November there appeared to be what one might call a wave of streptococcal infections in the town, affecting principally, although not exclusively, children and young adults, and whether this epidemiological wave was one of alteration in virulence or one of alteration in type of the organism it is impossible to say.

Early in October, numbers of children appeared at the school clinic, which is held every morning, either as a result of their own will or sent by the teachers, as they were suffering from sore throat in some form or another. In many instances what appeared to be the early signs of Scarlet Fever were noted, such as high temperature, slight vomiting, some flushing of the face and, in one or two instances, circum-oral pallor. In a very few instances a faint blushing of the skin was noted, but its distribution was typical as far as Scarlet Fever is concerned.

These cases, owing to the absence of observation wards in the Isolation Hospital, were allowed to go home and kept there. In the majority of instances the pathological condition did not appear to develop any further. In other words, if they were slight cases of scarlet fever, then the pathological process underwent some rapid form of collapse and the child quickly became well again. In point of fact, during the two months 68 children appeared and reported as unfit for school because of sore throat.

Coinciding with this increased incidence of sore throat over the two months October and November, it is worthy of note that there was an increase in the number of cases of Scarlet Fever notified by the general practitioners. These cases notified, 32 in number, were definitely or rather markedly severe cases, confirmed on examination by the Public Health Department, and in one home it is recorded that the first notification received in this Department was that the mother had developed a temperature three days after her confinement. She was sent, after consultation with the general practitioner in attendance, to Queen Charlotte's Hospital, Isolation Block, where she was found to be suffering from a hæmolytic streptococcal infection of the cervix. Examination of the contacts in this house revealed an interesting fact. One of the children, aged 4, was desquamating, in addition to having a very dirty throat with considerable exudation on the tonsils. He had evidently been suffering from a fairly severe form of Scarlet Fever for at least a week or ten

days before the mother developed her temperature. Hæmolytic streptococci were definitely isolated from his throat. Four days later the elder brother, aged 8, was admitted to the Isolation Hospital also suffering from an evident early Scarlet Fever. In this instance, we can see a definite relationship between hæmolytic streptococci causing Scarlet Fever in children, and the hæmolytic streptococcus causing puerperal fever in the mother. Close contact between the two patients was definitely proved.

It would appear, therefore, that one would be justified in concluding that the streptococcus in its various varieties or types can, in a wave of infection of this kind, alter this type from time to time or alternatively, that the reaction of one person to one type of streptococcus varies from that of another, depending on site of entry of the organism into the body.

Diphtheria.—Diphtheria Immunization is the only heading under this disease which received any elaboration during the year 1934. In my report for 1933, I described the General Practitioners' Scheme in force, and also the lack of response on the part of the public. This was elaborated still further by the Health Committee including in their estimate in September the sum of £50, which was to be devoted towards immunization of children against diphtheria. The general practitioners of the area were approached, and they agreed to carry out the two injections of T.A.F. for 5/-, the material, of course, being supplied by the Health Department. The scheme is based largely on that recommended by Dr. H. Leslie Cronk, the County Medical Officer, in that an endeavour is made to give preference of immunization to children of one year of age. Although the response on the part of the public is not great, it can be said to be encouraging, and during the year under review some 40 children were immunized. One finds in connection with the diphtheria immunization that the response of the public is in direct relationship to the amount of publicity given, and as no outstanding publicity or propaganda was given beyond the talks at the Welfare Centres it can be said that the results were satisfactory for the period of 1934.

Anterior Poliomyelitis.—A short resumé is given of the cases as they have occurred in the County of Hampshire in the past ten years :—

	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925
County, including Aldershot (to 1/10/34) ..	43	9	7	1	10	5	21	7	3	2
Aldershot only (to 31/12/34)	18	—	—	1	—	—	—	—	—	—
Boroughs :										
Southampton (to 1/10/34)	5	5	1	2	—	1	2	—	—	—
Portsmouth (to 1/10/34)	14	3	2	1	2	1	6	—	—	—
Bournemouth (to 1/10/34)	2	1	1	—	1	1	4	—	—	—

In discussing the cases which have occurred during the months of July, August and September, fourteen have occurred amongst the soldiers' children living in barracks, while three cases were notified amongst the civilian population of this area. A fourth civilian case was notified, but this notification was withdrawn within a few days as the child, aged 13 months, after discharge from the Isolation Hospital where it had been under observation, had been under the care of the Aldershot Hospital, who seemed to look upon it as a case of osteitis of the femur.

As far as the civilian cases are concerned, therefore, it cannot be said definitely that they are other than an increased seasonal incidence of cases of this disease, especially in view of the fact that two of them were in one family, and the infection was traced to the neighbouring county of Surrey. No relationship has been found between the civilian cases and the Camp, nor was any common factor found amongst them. I give the dates when the civilian cases were notified :—

30/7/34 .. 1
20/8/34 .. 1
21/8/34 .. 1
25/9/34 .. 1 (observation only).

Very full investigations have been made of the sources of the milk supply of the areas of the Camp involved, having in mind the possibility of the cases in the Camp resulting from a milk-borne infection. The milk supply was common to them all, but so is it common to the greater part of the people in the Camp. The milk is produced outside the Borough ; and, after

obtaining a list of the producers from the Dairyman concerned, investigations in the surrounding districts were very closely made as to the possible source of infection. The replies to the investigations in every instance were that no farms had evidence that suspicious cases of frebrile infection had occurred amongst employees or their families within the last few months. The reply from the Guildford Rural District Council was interesting, as it was accompanied by copies of bacteriological analyses of milk supplies from every farm where milk is produced and retailed in that area. The results of the animal inoculation tests with prescribed material later proved negative, and one would be justified in saying that milk as a source of infection in these instances could be excluded.

It would appear that the outbreak and spread took place along more or less orthodox lines in the form of unrecognized and presumably mild cases of poliomyelitis among soldiers' families. Control in such instances is one of particular difficulty, and forms a subject for useful enquiry in the future.

TABLE NO. 8.

Aldershot Civil Isolation Hospital.

Area	Scarlet Fever	Diph-theria	Cerebro-Spinal Fever	Enteric Fever	Anterior Polio-myelitis	Obser-vation	TOTAL
Aldershot	83	5	—	2	1	3	94
Farnborough	25	3	—	—	—	—	28
Hartley Wintney ..	15	1	—	—	—	—	16
Frimley Urban District	20	20	—	—	—	—	40
Fleet	11	1	—	—	—	—	12
Military	9	6	—	—	—	—	15
Total Deaths in Hospital from all areas ..	—	2	—	—	—	—	2

This Table shows the work of the Civil Isolation Hospital during the year 1934. It will be seen that the total number of patients from all areas—205—represents a record number treated. Admissions from outside areas were almost without

exception confined to those suffering from Diphtheria or Scarlet Fever. This also, more or less, applies to admissions from the town. The absence of observation or single wards is a real defect in the Hospital, not only for the purpose of treating isolated cases of the cerebro-spinal fever or Anterior Poliomyelitis, but also for the purpose of limiting cross infections and re-infections such as one sees in mixing very septic Scarlet Fever cases with convalescent cases of the same disease.

No alterations in the Hospital buildings or equipment to any noteworthy extent were undertaken in 1934, the only change being the agreement of the Health Committee to install an up-to-date wireless receiving apparatus in the Hospital for the use of the patients. Opinions differ as to the advantages and disadvantages of a wireless receiving apparatus in hospitals, and however much they may vary as regards general hospitals, I think it will be generally agreed by those who are in a position to judge that a wireless receiving apparatus could almost be numbered amongst the necessities of an Isolation Hospital. The very name " Isolation " brings to one's mind the picture of a young patient shut up in an isolation ward, unable—or not allowed—to read, and with nothing whatever to do but lie still in bed all day. Surely a wireless programme, especially now that certain periods of the day are devoted to broadcasts for the children, would be a perfect godsend to such little patients, who are frequently retained under isolated conditions for any period from one to three months. One might also mention the educational value to patients of the afternoon programmes, when the loss of school attendance is an important factor.

Tuberculosis.

New Cases and Mortality during 1934.

Particulars of new cases of Tuberculosis and of deaths from the disease in the area during 1934, are given in the following form :—

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
Years	M.	F.	M.	F.	M.	F.	M.	F.
0–	—	—	1	—	—	—	—	—
1–	—	—	1	2	—	—	2	1
5–	—	—	4	—	—	—	1	—
15–	18	2	3	—	—	—	—	—
25–	6	6	1	1	6	3	—	—
35–	8	—	1		2	2	—	—
45–	3	1	—	—	1	1	—	—
55–	—	1	—	—	2	—	—	—
65 and upwards	2	—	—	—	1	—	—	—
TOTALS	37	10	11	3	12	6	3	1

No non-notified Tuberculosis deaths occurred during 1934. The notification of Tuberculosis in this area is well up to the standard. General practitioners without exception give every assistance to the Health Department, and co-operate generally in their efforts towards prevention of disease.

The local register shows that the number of persons resident in Aldershot on 31st December, 1934, suffering from Tuberculosis was :—

	Male.	*Female.*	*Total.*
Pulmonary	51	27	78
Non-Pulmonary	13	9	22

Bacteriological Laboratory.

Examinations of Spinal Fluid (for Cerebro-Spinal Fever)	5
Examinations of Throat Specimens (for suspected Diphtheria)	95
Other Examinations	3
Analysis of Sewage Effluents	1

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